

Membership Application Form

CPF allows one or two adults per family as voting members.

New Membership

MEMBER INFORMATION

Name(s) _____

Street _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone: (____) _____ Work Phone: (____) _____

Fax: (____) _____ E-mail: _____

School Division _____

School(s) _____

Local CPF Chapter: Springfield

I understand that the personal information collected on this form is for the purpose of forwarding various newsletters and other mailings related to FSL matters as well as fundraising materials.

Occasionally, the CPF membership list may be made available to other groups/agencies to offer members special benefits or education-related information. Use of the list will be carefully regulated and only permitted under a contract specifying confidentiality and one-time authorization. If you do not wish to receive mailings other than directly from CPF, please check this box: []

Date: _____

Signature: _____

MEMBERSHIP FEES

1 year - \$25.00 \$ _____
Donation* \$ _____
Total (No GST) \$ _____

*65% of your membership fee supports
the activities of your local Chapter,
25% supports CPF's work at the Branch
level and 10% goes to CPF National to
partially cover processing costs.*

*DONATIONS

Your gift in support of CPF is welcomed and appreciated. All donations are important to us. However, due to cost, we will issue tax receipts in January of the following year only to donors who have made donations of more than \$10, unless a receipt for a lesser amount is specifically requested. **THANK YOU FOR YOUR SUPPORT!** (CPF Charitable Reg. No. 11883 5131 RR0001)